	DA.	PATENT APPLICATION SEE DETECTABLE DE COLORIO DI Information unle										is a displays a valid OMB control number.		
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-815										Apples	01290	95		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY										OR.	OTHE	RTHAN		
	FOR HUMBER FRED				MUMBER EXTRA				1	SMALL	ENTITY			
	BASIC FEE (37 CFR 1.16(a))				NOGE	CHENIKA	1	RATE	FEE		RATE	FEE		
10	TAL CLAIMS CFR 1.16(c))			minus 20			1		3	OR		<u> </u>		
THE	PEPENDENT CLA	mas					ł	× 1:		OR	×1			
						•	ŀ	K 1 =		OR	×1	<u>-</u> _		
		37 CFR 1.16(d))	J	+ \$ = .		OR	+1e							
."	" If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II														
<u> </u>	(Column 1)				(Calumn 2)	(Column 3)	_	SMALL E	NTITY	OR		R THAN ENTITY		
A TN		REMAIN AFTER AMENDA	e(G R		HIGHEST MUMBER PREVIOUSLY PAD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATL	ADDI- TRIONAN		
AMENOMENT	Total profesion	. 0		Minus	90	·/		X 5 =	-19	~	<u> </u>	FEE		
Ę,	Independent (37 OFR 1,16(12)	I T	•	Minus	-3			X 6_ =	1	OR '	X 1	+		
₹	FIRST PRESEN	TATION OF M	ATIPLE D	EPENDE	ENT COUNT (D) CF	R 1.16(0))		+1 .	-	OR OR	X 1 e	-		
	000							TOTAL ADOL FEE		OR	TOTAL			
	KCE	(Column	1)		(Column 2)	(Column 3)		~ocree [J	OR	ADO'L PEE			
AMENOMENT B	5/12/5	CLAIM RELVANT AFTER AMENDIA	NG ENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE		
Š	CH CUR LINES	8	l_	Ainus	<u>" 20</u>	-		-		OR	X 1 =			
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٧	FIRST PRESENTATION OF MULTIPLE DEPCHDENT CLAM (3) CFR 1.16(4))							+5=		OR	÷			
								ADDL FEE		OR	TOTAL ADD'L FEE			
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AMENDMENT C		REIAAINI ACTER AMERICAN	NG HAT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE		
Ô	Estas (3) Critisting	_		inus	<u> </u>	5		X 1 =		OR	X 1 =			
ME	findependent (D) CFR 1.16(D)	Ĺ		4inus	***	ε		x1=		OR	X 1 =			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							41c		OR	+1 .=	•		
	. If the entry in culturing 1 is less than the entry in column 2, write '0' in column 3							TOTAL 7001, FEE		0.3	JATOT 391, rook			
	" If the entrine " If the "Highest I " If the "Highest I	Number Prev	iously Pa	ne entry	in column 2, write IN THIS SPACE	c 10" in column : Is less than 20,	3. enti	er "20".		-				

"If the Tlighest Number Previously Paid For M THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For Itt THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For Itt THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For (Total or Independent) is the Highest number hund in the announced by the notion of the second in the second in

. If you need as sistence in completing the form, call 1-800-RTO-0199 and select option-2...........

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